MONROE COUNTY

Improved Customer Service Through Improved Business Process

**Monroe County
Department of Social Services
and Health Department**

**Assessment and Recommendations
Updated Report – October 25, 2002**

Altreya
Consulting LLC

Preface

What began as an endeavor to extract cost from operations has evolved into a comprehensive human services improvement plan that will enhance customer service levels, increase workforce satisfaction, and save County taxpayers' money. With the formal assessment phase behind us, recent efforts have been concentrated on the transition and implementation of our recommendations.

Monroe County employees, representing all levels of the five departments affected by the reorganization plans that follow, have been the driving force in the transition effort. Approximately 150 County employees, including union leadership, have collaborated on any one of nine transition teams. The teams were selected from all ranks of unionized employees and all levels of management in order to leverage the greatest sources of knowledge. Moreover, the response to the request for volunteers for these transition teams was extremely positive. Over 250 people wanted to be a pro-active participant in "Operation: *Transform!"* This was more than four times the sixty volunteers originally sought. These nine teams have focused their efforts on the validation of our initial findings and operational plan development and the implementation of our initial recommendations.

The County's transition teams have risen to the challenge of translating our recommendations into a set of specific transition goals and procedures. They have developed a comprehensive set of plans for the coming months. Their findings and recommendations are described in detail in the Implementation and Transition Update, section VIII of this report. Additional updates are noted throughout the report to reflect relevant progress and updates since the project's inception.

It is noteworthy to mention that the various New York State departments affected (Office of Mental Health, Department of Health, Office of Children and Family Services, Office for the Aging, and Office of Temporary and Disability Assistance) have provided a constructive framework, which will enable the approvals necessary to complete the consolidation. Specifically, an "integration protocol" has been developed by New York State and is being facilitated by collaboration among these agencies. The end result will be an organizational design and structure that will meet local, State and Federal guidelines.

As a result of implementing the detailed reorganization and reengineering plans designed by employee directed teams, the County's three most important constituents will be better served:

1. **Customer** service levels will improve dramatically by ensuring that only those individuals and families who are eligible for assistance will receive benefits.
2. By reducing the effort required to provide improved levels of customer care, satisfaction levels of the **employees** will increase.
3. Monroe County **taxpayers** can expect to save $30 million annually. Therefore, within the next 10 years, this plan will save county taxpayers $300 million.

The cost to achieve these savings has three components: the part-time efforts of approximately 150 employees working on the transition teams, minor costs of physical relocation of some employees and our fee. All other costs (unemployment payments, early retirement incentives) have been factored in to the $30 million annual savings figure.

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Introduction

Over the past several years, Monroe County has had to contend with a bleak socioeconomic climate. At a population of nearly 734,000 in year 2001 (U.S. Bureau of Census), there is no shortage of issues pressing the County. Unemployment rates have been trending upward since the mid-1990's, with a 2001 figure of 4.4%. Poverty rates have remained fairly consistent through the late 1990's, down slightly in 1999 at 11.2%.

Monroe County faced severe fiscal challenges in the fall of 2001. The stumbling national economy and rising jobless rate, combined with an increased demand for services forced the County to tap its reserve funds to make ends meet and, at the same time, institute a hiring freeze. County departments and their employees were required to do more with fewer resources.

In a broader scope, the U.S. Department of Health and Human Services Administration for Children and Families (ACF) conducted a review of the Office of Child and Family Services (OCFS) in New York State. The review process has been established as a "new approach to monitoring State child welfare programs that focuses on results in the areas of safety, permanency, and child and family well-being."[i] While New York was in conformity with many of the key outcomes in safety, permanency, and child and family well-being, there were considerable opportunities for improvement across all three.

As a result, New York State's OCFS is in the process of disseminating a plan to all counties in New York State that addresses each of these issues. While it is unclear how well Monroe performed at the time of this writing, one can be certain that the State will recommend that changes be made locally. Such changes will undoubtedly serve to enhance the change efforts underway in Monroe County.

In early 2002, County leadership called for a fresh look at its own human service organization. In order to do so, it engaged Altreya Consulting to "provide a current review of the operating efficiency" of the County's Department of Social Services (DSS) and Health Department (HD), whose combined budgets represent 62% of the entire County Budget. County Executive Jack Doyle noted publicly that we were charged with identifying "where real savings can be realized by streamlining operations, utilizing technology and eliminating duplicated services." Performance would be measured within the context of the objectives of each department and against the best practices of world-class services providers, and our findings would be the basis for recommendations for improvement. Ultimately, those recommendations themselves would become the basis for a long-term strategy for each department and a plan for implementation of that strategy.

The report that follows, then, is a document of our findings and recommendations for developing the processes within each department that will lead to both improved customer service and reduced costs.

Our Objective

Altreya Consulting was engaged by the County to assess the performance of its Department of Social Services and Health Department and make recommendations for improvement.

In particular, our mandate from the County was to:

- Identify operating inefficiencies, in the form of duplicate duties, program overlaps, organizational structure or methods of operation and suggest improvements.
- Identify controls or operational improvements, including consolidation between units or DSS and HD themselves, that could improve efficiencies and lower operating costs.
- Identify outsourcing opportunities for programs and services better managed by private concerns.

We were additionally asked to:

- Consider the impact of findings and recommendations on the consolidation plans for Finance, Human Resources (HR) and the Information Systems (IS) Departments.
- Consider how the DSS and HD recommendations could positively impact the Office of Mental Health (OMH), the Office for the Aging (OFA), and the Youth Bureau (YB).

Our Methodology

Our experience tells us that the key drivers of service organizations such as DSS and HD are a strong focus on their objectives and how they are designed to function. Accordingly, we constructed the framework for our assessment to address the components of each of the key drivers:

Monroe County-established Result Measures (Objectives)	Critical Functional Factors
- Customer/Client Satisfaction - Employee Satisfaction/Productivity - Economic Growth - Quality of Services - Quality of Life - Fiscal Responsibility	- Contract/Contractor Management - Key/Major Business Processes - Technology and Applications - Financial and Other Data

Our assessment methodology included:

- Data gathering, through internal sources (correspondence, records and other documents) and external sources (state and federal government reports, articles and information from other municipalities)
- Extensive interviews with nearly 200 DSS, HD and other Monroe County staff
- Extensive interviews with selected contractors and vendors
- Operational surveys completed by senior staff
- Benchmarking and analysis of local and national integration initiatives

Our Findings

Our experience with organizations of all types over the past ten years confirms the assertion of Dr. W. Edwards Deming, the noted statistician and quality evangelist, that the majority of operational issues an organization faces are caused by process, not people. For the most part, organizations are filled with hardworking, able employees dedicated to doing the right thing. Consultant Michael Hammer, the heir to Deming's process mantle, agrees; he suggests that most employees of struggling organizations are "quality craftsmen" limited by "poor tools."

The employees of DSS and HD are no exception to Deming's and Hammer's views, as our interviews with nearly 200 of them revealed. As the two departments have added internally and externally generated programs over the years, however, there has been a concomitant growth in systems devised to manage each program due to guidelines and mandates that accompany them. As a result, employees find themselves serving many masters—a difficult enough task—and are expected to do so without the tools, processes and systems in place to effectively and efficiently complete their work.

In particular, five significant operational issues hamstring DSS, HD and their employees:

An inefficient organizational structure, which focuses on individual programs instead of department-wide goals. At DSS and HD, for example, decisions have taken place at the program, rather than the organizational level to address changes in environment, complexity of operations and dramatic developments in technology over the past ten years. Progressing in this fashion, administrators typically have little knowledge of the changes in other programs, creating artificial walls between groups. As a result, there is no fertile context for organization-wide improvements and creative problem solving.

As illustrated in Figure 1: TANF: Program Driven Approach, the core processes of Eligibility Screening, Client/Case Management and Closings are executed differently by each program because changes (such as new eligibility requirements) are made at the program level and not at the process level.

Figure 1: TANF Program Driven Approach
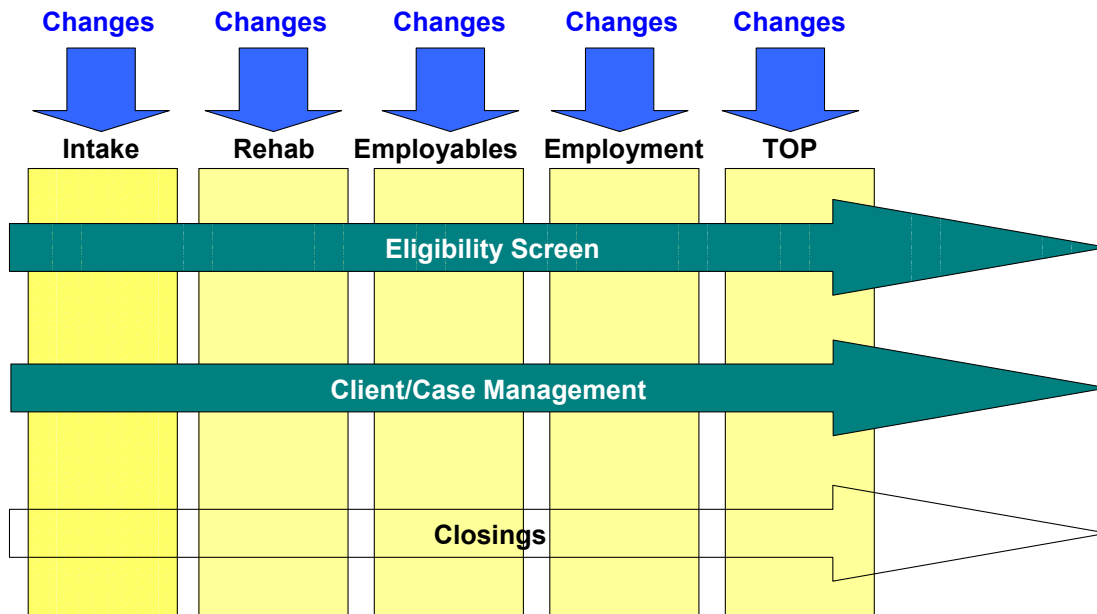
During our assessment we analyzed the number of Temporary Assistance cases across nine comparable New York State counties and conducted regression analyses utilizing County Population, the County Unemployment Rate, and the DSS Staff Levels as explanatory variables. In order to validate our analysis, we utilized additional variables (including Poverty Rates) in order to explain the incidence of TA cases. We found the difference between our original results and the results of any additional analyses to be negligible.

See Figure 2: TANF Case Load Regression Analysis.

Figure 2: TANF Caseload Regression Analysis

County	Population	Unemploy-ment Rate	TA Staff	TA Cases Actual	TA Cases Predicted	Variance # Cases	Variance %	TA Cases per Staff	Hi (1) Lo (9)
MC DSS Regression Analysis: Temporary Assistance Caseload May 31, 2002									
Albany	294,007	2.9	143	3,431	1,796	1,635	91%	24.0	3
Erie	944,408	5.5	453	12,372	9,653	2,719	28%	27.3	2
Nassau	1,334,648	3.7	188	3,927	3,428	499	15%	20.9	4
Niagara	218,509	6.9	153	2,222	2,289	(67)	-3%	14.5	8
Oneida	233,659	4.9	259	1,916	4,664	(2,748)	-59%	7.4	9
Onondaga	457,866	4.8	268	5,349	4,979	370	7%	20.0	5
Suffolk	1,438,973	3.9	385	6,223	8,164	(1,941)	-24%	16.2	7
Westchester	928,888	3.9	405	7,924	8,391	(467)	-6%	19.6	6
Monroe	**733,607**	**5.4**	**317**	**12,133**	**6,319**	**5,814**	**92%**	**38.3**	**1**

Data available for this analysis was July 2001 Population Estimate, April 2002 Unemployment Rate and May 2002 Caseload data. All caseload data was supplied by Monroe County DSS.

The result is a model, which predicts the number of Temporary Assistance cases each county "should" have based upon the variables utilized. The regression analysis model predicts that Monroe County "should" have 6,319 cases instead of the 12,133 Actual cases. Based upon these variables, Monroe County has an inordinate number of cases, and in fact has the largest variance, both in number and percentage, of all the counties analyzed.

The "TA Cases per Staff" indicates the caseload per worker. Monroe County has the highest caseload per worker of the nine counties in the sample, with just over thirty-eight cases per worker. Oneida County has the lowest caseload per worker, with approximately seven and one half cases per worker.

The higher the caseload per worker, the lower the administrative costs per case. Assuming county workers' wages are roughly equal across NYS counties, Monroe County would produce a much lower administrative cost per case than Oneida County, and in fact, lower than all the eight other sample counties. Lowering the administrative cost per case is a worthwhile endeavor; however, it appears to have created a false economy. See Figure 3: Caseload per Worker

Figure 3: Caseload per Worker

Variance # Cases	TA Cases per Staff	Hi (1) Lo (9)
(2,748)	7.4	9
(67)	14.5	8
(1,941)	16.2	7
(467)	19.6	6
370	20.0	5
499	20.9	4
1,635	24.0	3
2,719	27.3	2
5,814	**38.3**	**1**

As the caseload per worker increases (ranked from 9 - the lowest, to 1- the highest) the variance of the Actual number of cases to the Predicted number of cases increases. This is a significant finding, as it would appear that an effort to lower administrative costs per case might have had a negative effect on the overall number of active cases. Oneida County, which has the lowest caseload per worker (7.3), has the least number of cases (2,748 fewer than it "should" as predicted by the regression) and Monroe County, with the highest caseload per worker (38.3), has the most number of cases (5,814 more than it "should").

This data supports the anecdotal evidence we heard during our assessment: that the under-staffing inhibited the case-management and case-closing efforts, as workers directed their efforts to the case-application process in order to meet regulatory deadlines and avoid incurring fines and/or lawsuits.

Given that Temporary Assistance eligibility requirements are standard across New York State, and the number of TA cases in a particular county is dependent upon the variables of population and unemployment, staffing levels within the respective DSS departments become a significant factor. The lower caseload levels in other counties appear to allow the workers to more thoroughly screen applicants and prevent ineligible cases from being granted benefits. It appears to allow the caseworkers to devote more time and energy to actively managing the existing cases and working diligently to enable the TA recipient to achieve the desired outcome of self-sufficiency.

Therefore, it appears that much of the "excess" of TA cases stems from applications, which are ineligible but are being incorrectly approved, and from recipients whose circumstances have changed and who have achieved self-sufficiency but have not stopped receiving benefits.

The objective of the reorganization and restructuring of the TA application and case management process is to ensure that ineligible cases are not erroneously approved at the outset and to ensure that active cases are closed as quickly as possible by diligently working with the recipient to move them from receiving Temporary Assistance to achieving self-sufficiency.

The regression model predicts a variance of 5,814. Based upon additional analysis conducted by an internal team of Temporary Assistance experts (actual case sampling among active cases) a conservative reduction of some 2,500 cases can be achieved.

At this juncture, increasing the number of caseworkers in order to reduce the number of cases is not the solution. Transforming the old programmatic approach to the new process-oriented approach will create economies of scale and will allow Intake personnel to focus exclusively on managing the case and assisting the client in achieving self-sufficiency. The result will be a reduction in the number of cases, a reduction in the workers' caseload, increased employee satisfaction and reduced costs to the taxpayers of Monroe County.

Multiple redundancies and duplication of effort, caused by unnecessarily decentralized management and operations. At HD, for example, over 40% of front-line staff time is dedicated to completing clerical tasks, work that could be minimized and completed through a more process-oriented organizational structure. This lack of alignment prevents the County from taking full advantage of its human and financial resources, resulting in sub-optimal levels of job satisfaction and customer service.

See Figure 4: Disjointed Process – an example
Figure 5: Disjointed Process – an example
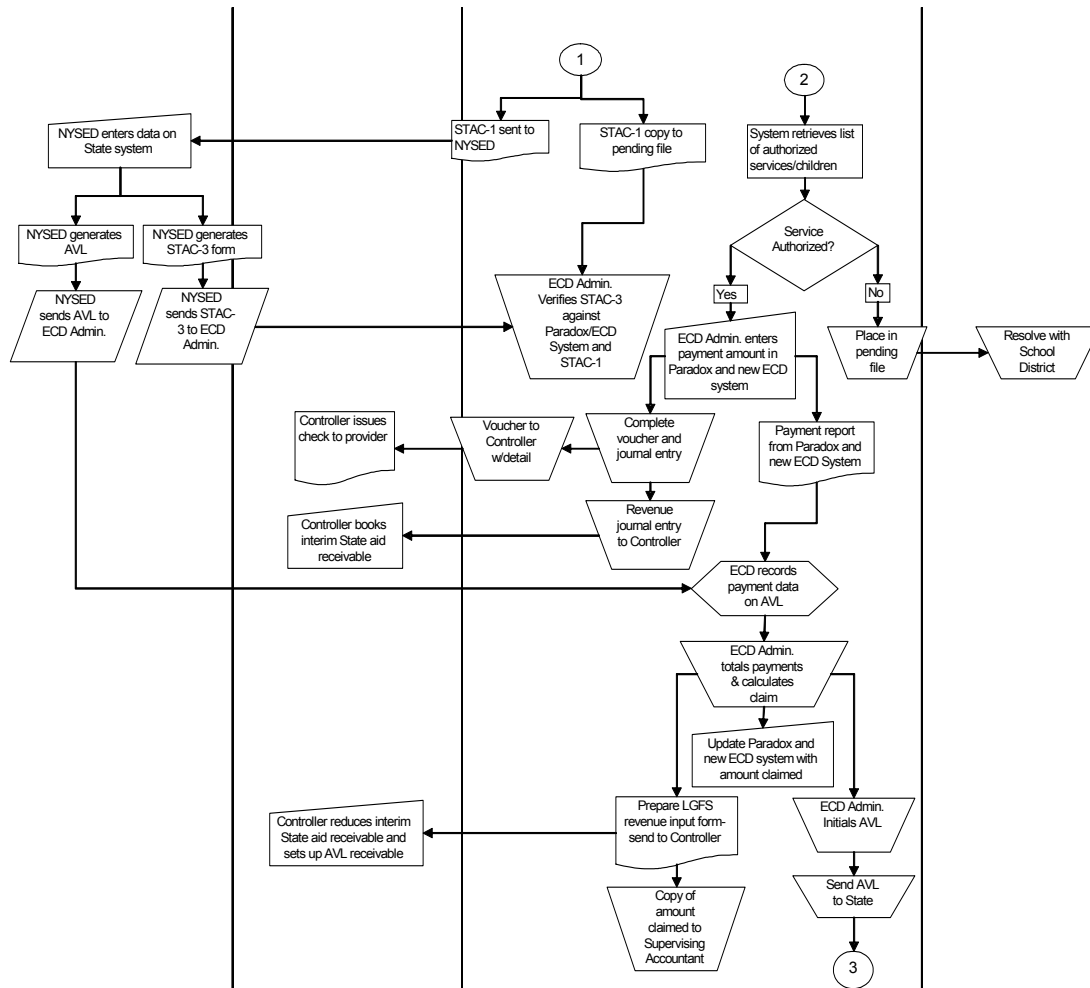Figure 6: Manual Processing – Daycare Payment Processing

In this example, five different examiners, often at different locations, serve the same client. The more handoffs in a process, the greater the chance for errors or lost files. The goal of an efficient and effective process is to have as few handoffs and quality checks as possible.

Figure 4: Disjointed Process – an example
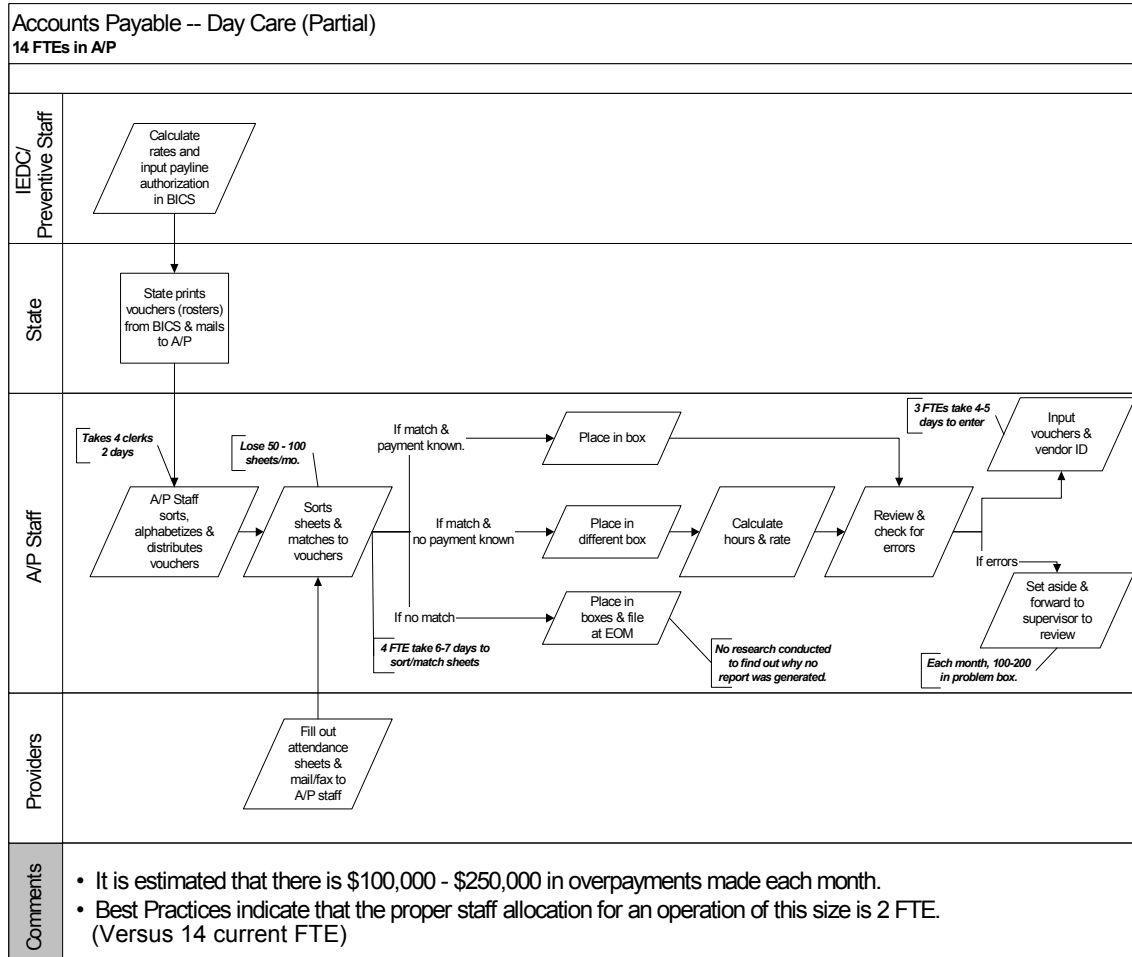

Example Case -- Rehab with Relapse
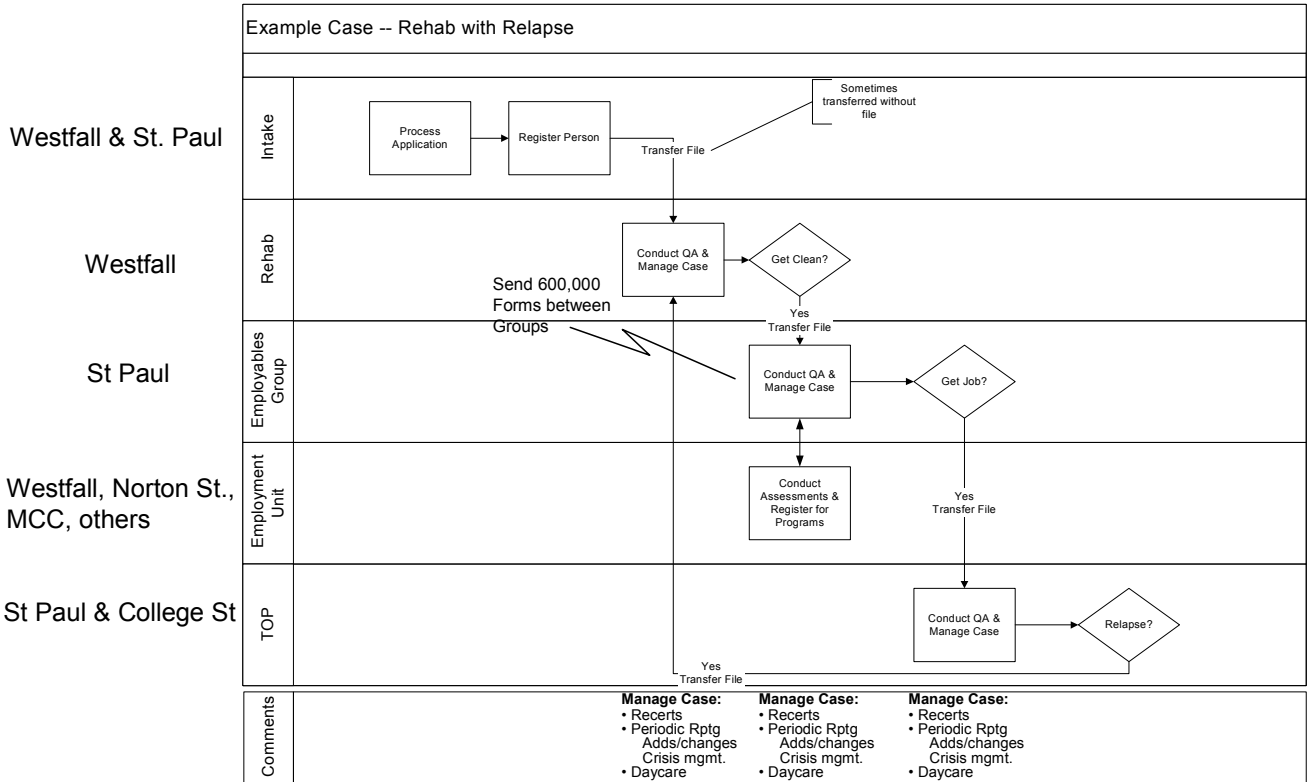
In the next example from ECD, the process zigzags through the group in order to process a provider fee-for-service reimbursement. Additionally, the process is highly manual, with labor-intensive reconciliations. The net effect, aside from lengthy processing times, is that the ECD staff has little time to spend on more value-added tasks.

Figure 5: Disjointed Process – an example

Figure 6: Manual Processing – Daycare Payment Example

Accounts Payable -- Day Care (Partial)
14 FTEs in A/P

- It is estimated that there is $100,000 - $250,000 in overpayments made each month.
- Best Practices indicate that the proper staff allocation for an operation of this size is 2 FTE. (Versus 14 current FTE)

Inadequate and inconsistent contract/vendor management, caused by disparate, program-driven systems. This issue was never clearer than after our interviews with DSS employees, some of whom suggested that many clients received excessive contracted services, while others felt that some clients hadn't received those to which they were entitled. Many DSS employees believed that the most expensive contractors did not necessarily provide the highest level of service. The lack of a documented, comprehensive and uniformly adopted contract/vendor management process limits the departments' ability to manage costs and guarantee client satisfaction.

Misaligned and disparate information systems, which reflect the inefficient organizational structure of the departments. Because of the program-driven nature of DSS and HD, there is no documented baseline architecture for the information technology systems that support each and no clearly defined individual whose responsibility it is to maintain architectural coherence. The current reliance on a large number of stand-alone, homegrown applications and a larger number

of paper-based systems creates unnecessary work for employees and limits the flow of information across the organization, increasing administrative costs and reducing the quality of customer service.

Figure 7: HD and DSS Application Inventory Summary illustrates the volume of IT systems that must be used, supported, paid for and learned. The reader could easily conclude that that are far more software applications/systems in use than is optimal for an organization of this size and scope. It's also worth mentioning that are far fewer mandated applications/systems than is perceived by many within the County. These numbers strongly suggest opportunity to reduce the number of and disparateness of the non-mandated applications/systems, and better align them with each other and the mandated applications/systems. Inherently the complexity of the IT landscape would be reduced, as would the cost to train for them and support them. Ultimately, this would also reduce the number of steps the front-line personnel would have to perform while providing human services to the community.

Figure 7: HD and DSS Application Inventory Summary

	DSS	HD	DSS + HD
Separate Applications	34+	45+	79+
Additional/Notables Apps	70 smaller (DOS) apps	Several, "tiny" applications	
Total Applications	125+	50+	~200
Mandated Applications	2	5	7
Notes	WMS has several sub-programs. Temporary Assistance has to learn and use 40 different applications.	Environmental Health needs to learn and use 16 different applications	Additional functional overlap

An additional issue lies with a state-initiated application known as CONNECTIONS. In a press release issued March 7, 2002, the Office of the New York State Comptroller indicated, "…the CONNECTIONS system does not work for the children who rely on it, for the caseworkers who use it, or for the taxpayers who pay for it."[ii] Security was highlighted as a major problem. The press release indicates that a report completed in March 2001 by MAXIMUS, a provider of program management, information technology, and consulting services to government agencies, found that CONNECTIONS "… is difficult to use and does not fully support child welfare staff in their critical work on behalf of children and families."[iii] With this obstacle in mind, "MAXIMUS estimated that an operational system could be implemented by June 2004."[iv] The MAXIMUS report found specifically that the CONNECTIONS system does not comply with federal regulations for a Statewide Automated Child Welfare Information System (SACWIS) and that NYS is in danger of losing federal funds as a result.

Focusing IS on vision and good operations management will put in place a backbone upon which any direction is more likely to succeed. By prioritizing these two elements as the main focus for IS now, the organization will gain vision, from which a strategy will be formed (by

management), and lastly, the structure of the organization can be addressed. Taking resources or time to address structure in the current state would be ignoring the fact that vision and strategy are currently lacking and the time spent on structure would be largely wasted.

Lack of vision is a major cause of most of the four IS issues that were surfaced. A lack of automation, diversity of technology, disparate systems, and a redundancy across systems stem from a lack of vision. There is no apparent vision toward which IS is looking to move and thus, IS does not tend to change in any revolutionary manner, but merely evolves toward its next state by consuming the allocated budget.

It is imperative that the County invest in development of vision for IS. The current architecture teams of the County are largely focused on governance, rather than long term vision. By putting in place a vision, the architecture teams will be able to play a more proactive role in the leadership of IS.

Operations management does not tend to be a core competency of many IS professionals. They tend to be technologists, rather than administrators. The current organization does not prioritize measurement tracking highly enough and thus there is little basis for operations to base its decisions upon. It is expected that proper operations management will naturally focus upon measurement tracking as a first priority in being able to make good decisions these measurements are in place.

A culture of non-confrontation and poor collaboration, with constituents such as employees, customers, unions and contractors. Expediency rather than negotiation drives decision-making. The result, again, is increased administrative and program costs.

These operational issues, as business experts Deming and Hammer suggest, arise from an organizational structure that has evolved to address immediate concerns, rather than long-term outcomes. The State, for example, creates a new program and issues a mandate that all counties must support it; in the interest of time and compliance, the counties install the program in an appropriate department. With this new program comes a staff and a new set of processes, regardless of whether similar processes are already being performed "down the hall" or "across town" for another program. With this structure, the power to deliver superior customer service rests with the leaders of each program, who must compete with each other for the resources to perform similar and often duplicated functions.

Our Recommendations

As they exist, the County's Department of Social Services and Health Department can derive only incremental benefits from the traditional approaches to problem solving within the organization. Indeed, those benefits, while they might very well improve some of the measures of financial performance and customer service in the short term, will likely be reduced or eliminated soon thereafter as the demands of the community become more complex and fewer employees are asked to accomplish more with fewer resources. When that occurs, the same issues that face DSS and HD today will reveal themselves again as the obstacles to effective and financially prudent customer service.

It is incumbent upon the County leadership to address these issues at their root cause: the organizational structure of these departments and the program-oriented culture that rises from them and blocks dramatic, long-term improvement. We think it essential that the County:

Merge the Department of Social Services, the Maternal and Child Health division of the Health Department, the Office of Mental Health, the Office for the Aging and the Youth Bureau into a new "**Department of Human and Health Services**" (DOHSS). Modeled after many successful private and public sector initiatives[1], this new department will centralize intake, care management and transition services within departments as well as centralizing finance, human resource and information services functions. This dramatic step is designed to create true long-term improvements in fiscal performance and customer service.   These consolidated departments, reoriented as process-based organizations rather than assemblages of programs, will ensure the efforts and resources of the County are focused on outcomes (service quality, community needs, fiscal responsibility), rather than programs.
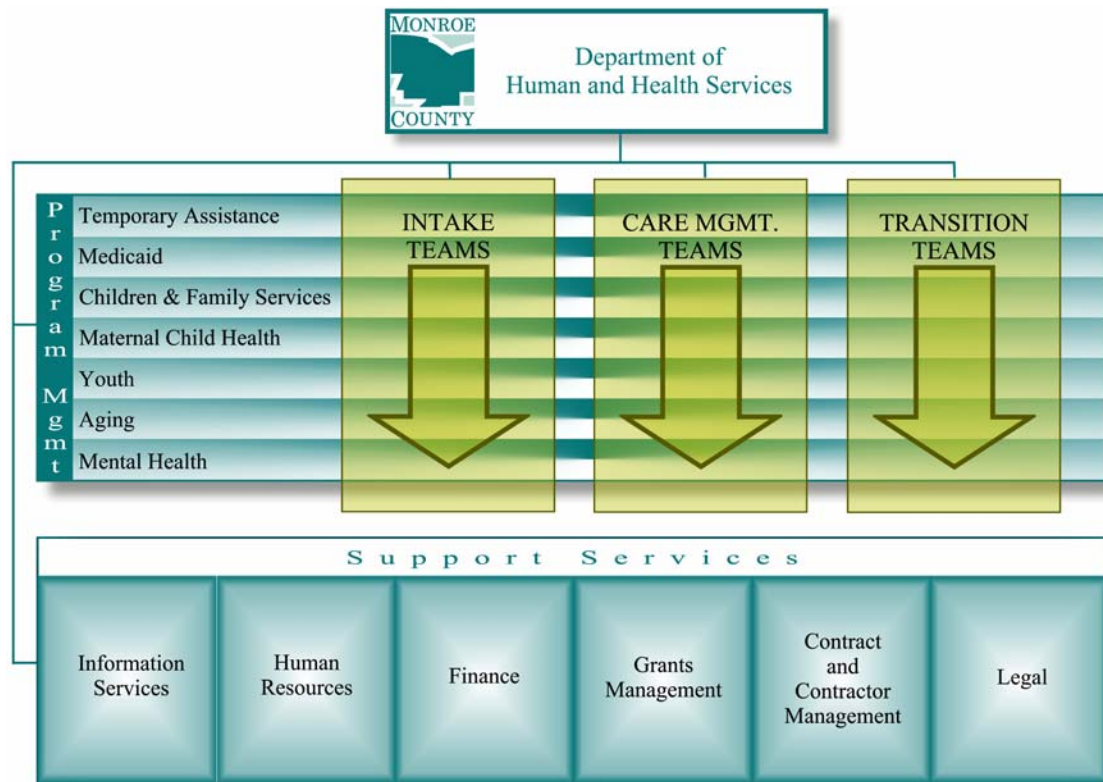
> See Figure 8: Process Orientation
> Figure 9: Proposed Department of Human and Health Services
> Figure 10: Proposed Department of Public Health Services
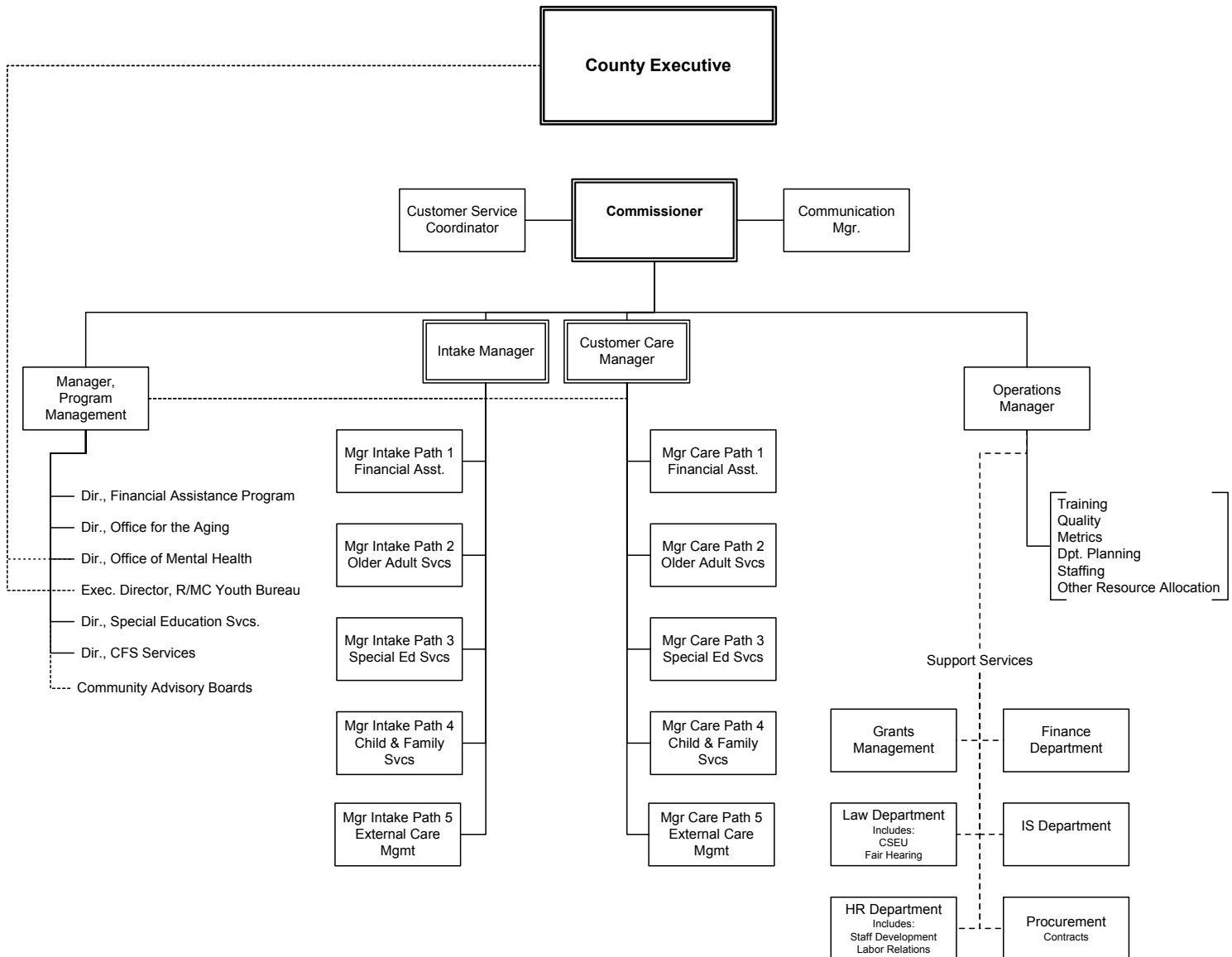
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[1] A key component of our benchmarking initiative focused on the identification of best practices in the private and public sectors. For the purposes of this report, we have limited discussion to successful initiatives within New York State. See Appendix 1.
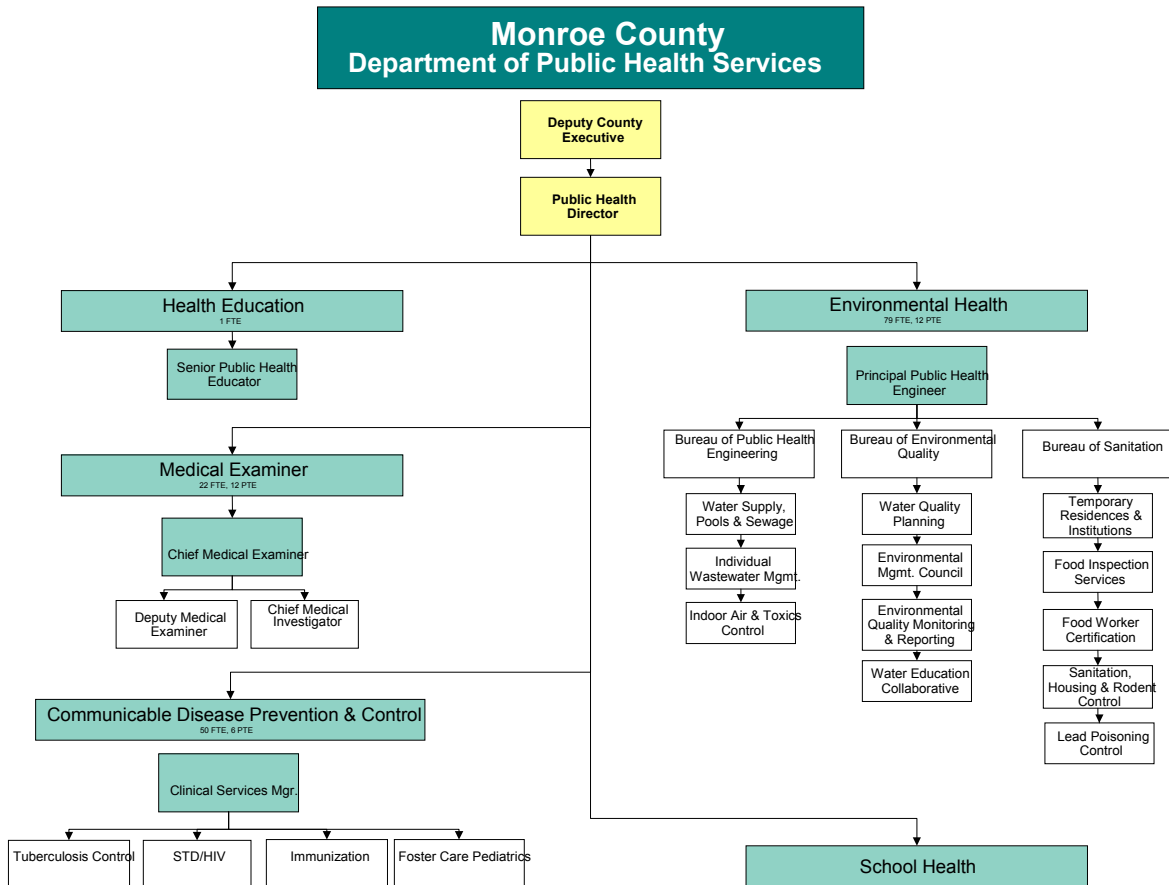
Figure 8: Process Orientation

Figure 9: Proposed Department of Human and Health Services

Figure 10: Proposed Department of Public Health Services

In addition to addressing difficult issues at their root cause, this first step also addresses the crucial issue of employee buy-in. If the old structures remain, the old artificial walls between employees and programs remain as well. The new structure, on the other hand, encourages alignment, rather than division. Departmental consolidation of this sort will not require additional staff reductions beyond the already planned and implemented early retirement and RIF programs.

An organization whose processes are focused on outcomes will inspire its employees to do their work more effectively, which will increase the quality of the product or service they offer. In addition, this focus will likely create significant opportunity for reducing costs as well.

In order to effectively pursue this new outcome-oriented strategy, the following tactics are being employed by the new departments.

Design and Implement Five Distinct "Customer Care Paths" that will enable County employees to focus on value-added and customer-focused work. These new paths will eliminate

duplication of effort and streamline the workflow within and across divisions, departments, and teams. The paths are defined as follows:

Financial Care Management – Encompasses cash-assistance programs, such as TANF, Medicaid, and food stamps.

Older Adult Care Management – There are three primary components that are a part of this care path: services for the aging, adult protective services and chronic care Medicaid.

Child and Family Care Management – Foster care, adoption services, preventative services, as well as child protective services are managed in the Child and Family Care path.

Special Education Services – This care path deals with early intervention programs as well as early child development.

External Care Management – The External Care management path deals with those services, which are provided by non-County staff. For example, various youth and mental health programs would be included in this care path.

The decision to establish five "care paths" supporting a phased implementation reflects the reality that an overnight transition may not be feasible within Monroe County. In consideration of the sensitive nature of social service programs, a conscious decision was made to proceed in a deliberate manner, particularly when dealing with programs related to children such as Foster Care. Programs contained in Financial, Older Adult, and Child and Family services care paths are currently provided by the County. Programs in the external care path are provided either by the community, or through outsourcing arrangements, and are expected to remain in that form for the immediate future.

Create a centralized contract/vendor management function that coordinates and monitors the quality of all outsourcing contracts and services. Virtually identical to the new Customer Care Paths, vendors and contractors will also have a single point of entry (SPOE) into the County. All vendors and contractors will "enter" the County system through Procurement Services. There, a dedicated staff equipped with Countywide contracting data will negotiate with the vendors and contractors to achieve the highest value for clients and taxpayers. Incumbent upon the Procurement Services Division is to develop a collaborative and cooperative working relationship with the many vendors and contractors currently serving or able to serve the needs of the County. An environment best described as a partnership must be established in order to achieve maximum value. It is critical that Procurement Services and the contractors maintain an open dialogue, mutual respect, and a collaborative and cooperative working relationship in order to achieve the goals of DOHHS, while balancing the demands of fiscal constraints.

Centralize finance and budgeting, HR, and IS in order to gain greater control over expenses and reduce costs and improve the budgeting/forecasting process. As a shared service across

DOHHS programs, centralized and consolidated support services will reduce duplication of effort and serve as a streamlined organizational structure.

Discontinue support of non-mandated services such as those that were initiated based on grant funding and for which no more grant funding exists. The goal should be to focus the new departments on doing only that which they must do, and doing for themselves only those things they do best. At present, Monroe County's management has discontinued the support of several non-mandated services.

Create service level agreements (SLAs) for each support department. There are still mismatches in user expectations/staffing level that is required to deliver the services. These will be aligned by proper application of service level agreements (SLAs). By negotiating SLAs between the support functions and the new departments, users' expectations will become aligned with respect to the level of service to which they are entitled. Negotiation of SLAs is important to the proper allocation of funds for service, whether in-house, or outsourced personnel deliver the service. In either case, the estimation of the cost of service must be based upon SLAs.

Implementation and Transition

We suggest that the creation of new human and health services organizations begin immediately and be completed by January 1, 2003. The components of this implementation are:

- Develop framework for reengineering and change

- Merge and reorganize five departments (DSS, HD, OMH, OFA and YB)
  - Transition activities include: centralization of information services, finance, human resources, contract management, grants management
  - Discontinue selected redundant and non-mandated tasks and programs

- Renegotiate contracts

- Develop interim information technology architecture (pending development of a county-wide, long-term strategy)
  - Develop and implement new IS approach and process
  - Develop electronic dashboard and decision tree applications

While this entire document serves as the foundation for what we envision as a new standard in community-provided services, the key to its success is the team that will execute it. We suggest, then, that as soon as possible, the County leadership make the following appointments:

An interim director who will ensure that current programs' customers will continue to be served during the transition. On October 10, 2002, County Executive Jack Doyle announced the appointment of Sherri Wood as the Interim Director for the DSS.

An operations manager. Upon the inception of the social services reform initiative, County Executive Jack Doyle selected Marcia Rocco to serve as Operations Director.

Seven implementation teams with full and part-time staff. Figure 11 illustrates this team structure: Implementation and Transition Teams.

> **A steering committee, headed by the Deputy County Executive,** whose scope will cover both the Human and Health Services Transition and the Public Health Services Transition activities. The steering committee will be accountable for transition oversight, filling key leadership positions, and union collaboration.

An operating committee including representatives of the processes that make up the structure of the new department (intake, care management, transition, information services, human resources, and finance and contract management). The operating committee's scope will be limited to Human and Health Services Transition activities, and this committee will have final responsibility for the development and implementation of the creation of that department.

Intake, Care Management and Transition Process team. Since the inception of the implementation teams, there has been a streamlining of the process teams. This is an acknowledgement that the processes directly affect each other, and cannot be developed completely in isolation. The new, merged Process team is comprised of what were originally three distinct teams, as described here:

> **An Intake Process team** whose scope will cover all Human and Health Services programs and client segments, and who will be accountable for the definition and reengineering of new intake and eligibility processes and tools.

> **A Care/Program Management team** who will cover all Human and Health Services programs and client segments, and who will be accountable for the definition and reengineering of new care management processes and tools.

> **A Transition Process team** whose scope will be all Human and Health Services programs and client segments, and who will be accountable for the definition and reengineering of new transition processes and tools.

A Finance Transition team, the scope of which will be all centralization and consolidation activities for the finance organizations within DSS and HD. The finance team will be accountable for the development and implementation of finance (including budgeting and billing) workload transition plans.

An HR Transition team, the scope of which will be all centralization and consolidation activities for the personnel organizations within DSS and HD. The HR team will be accountable for the development and implementation of personnel (including reporting and training) workload transition plans.

An Information Services Transition team, the scope of which will be all centralization and consolidation activities of IS functions within DSS and HD. The IS team will be accountable for the development and implementation of IS (including applications, network, and systems support) workload transition plans.

A Contract/Contractor Management team, whose scope will be contracts and contractors within DSS and HD (limited to Maternal and Child Health). The Contract/Contractor team will be accountable for the design of an optimal contract

management process and contractor management procedures/policies, as well as assistance with the renegotiation of high priority contracts.

Figure 11: Implementation and Transition Teams
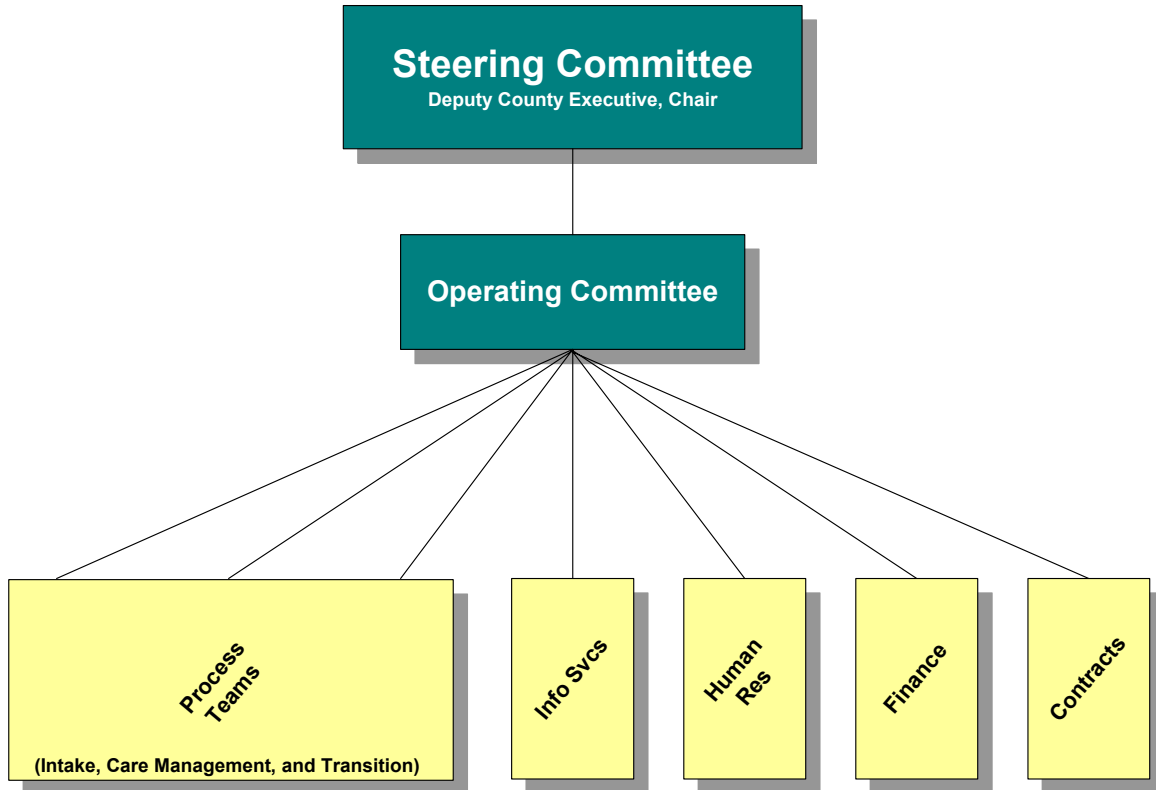
Implementation and Transition Update:
Progress Made by Employee-Based Teams

The process teams have taken a critical look at the internal workings of the DSS/MH systems. Their assessments are reported here, as well as a summary of recommendations.

Intake, Care Management, and Transition Processes Team

One of the critical observations obtained from the Process team's validation of the current state was the exact degree to which the County processes were inconsistent. The best example of this was the fact that over 500 pages of documentation were provided to describe the process flows within the County DSS and HD. This is particularly disconcerting, when considering that teams physically located adjacent to each other sometimes used different, documented processes to complete the same task.

The Process team members conducted a thorough search of all process measures and metrics currently in use within the County. The findings were documented in twenty- four pages of text (more than 200 metrics tracked). As a matter of comparison, many commercial firms track fewer twenty key measures to manage the entire firm. It is interesting to note that many of the current key measures are actually data tracked and reported because of state mandates, but not actually used within the County. Unfortunately, there exist no system-wide, direct measures of client satisfaction, or of employee satisfaction. Instead, mid-level management relies on proxy measures such as client wait time, or number of union grievances to determine how well the operation performs vs. customer and employee expectations.

Given the employee directed teams' validation of the assessment results, the Process team turned toward defining a revised organization and process. The employee directed team's vision was defined as "A common sense human service system that is responsive, coordinated, and based upon measurable results." This vision was further segmented into three distinct areas for improvement: customer satisfaction, employee satisfaction, and fiscal responsibility.

The Process team defined five care paths, as described previously, critical to achieving their defined vision. The care paths include: Financial Care Management, Older Adult Care Management, Child and Family Care Management, Special Education Services, and External Care Management.

A basic framework was then selected, enabling a phased implementation of the four care paths over the next several months. Given the four care paths, a decision was made to implement the financial care path first, along with those elements of the Intake process related to the financial care path. During the initial implementation, sub-teams will be completing the details of the Older Adult care path, and beginning the integration plan for the Child and Family service care path.

There are several components that make up and help to describe the Process Team's desired state.

Basic and Complex Care Paths - Each of the five care paths can be broken into cases with either "basic" or "complex" needs. The distinction is somewhat qualitative, but related to the number and nature of services required, as well as whether or not the case bridges care paths. In general, more experienced care coordinators will support the complex needs, while more junior care managers will handle the basic care paths.

Program Specialists – Although the County is moving away from program-based silo teams to a client-focused process, there is an acknowledged need for staff members who are the "gurus" in a particular program area. For example, completing the paperwork for an interstate foster care agreement requires specialized knowledge not typically found in your average care worker. This knowledge should be embodied in Program Specialists.

Program Specialty Area – Because Program Specialists will be supporting the entire process from Intake through eventual transition out of the system; the design includes a Program Specialty Area, which bridges the entire care process. In addition to supporting the direct care workers, this area also houses the staff that interface directly with New York State, and the staff who ensure that programmatic changes are folded into the care process.

The essence of the structure developed by the Process team is depicted in Figure 12: Process Structure.

Figure 12: Process Structure
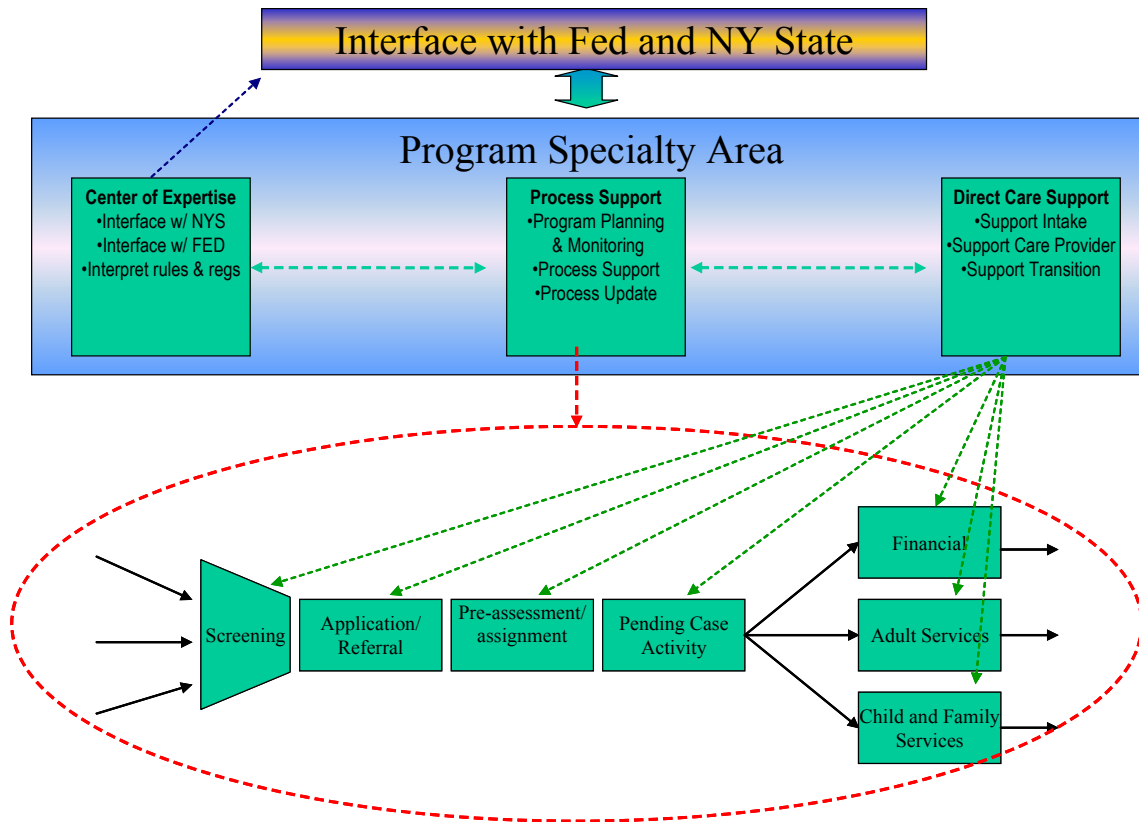
The impact of these design decisions will be felt throughout the organization in multiple ways. Staff members engaged in direct client work today will see their responsibilities in one of two ways as discussed above. Their skills and responsibilities will increase to support the entire care process from "start to finish," or will deepen to increase knowledge and skills in a specific program area.

Finance Transition team

A significant step taken by the Finance team was the identification of its "customers". Prior to the consolidation the finance personnel were employees of, and served, their respective departments. With the consolidation, the finance personnel are no longer employees of those departments, but exist to serve them. The Finance group clearly recognizes who their customers are: the Department of Human and Health Services, the Department of Public Health, other County departments on as-needed basis, and various State and Federal agencies. While not a customer per se, there is also a strong sense of responsibility to the taxpayers of Monroe County. The definition of "customers" and the Finance team's relationship to them served as a critical preliminary step in further analysis.

The Finance team performed a time study to analyze the amount of time each employee in each of the five previously existing departments spent on each function throughout the year. This data was then aggregated and sorted, not by employee, but by function and department. This enabled the team, for the first time ever, to survey how much time was spent on similar functions across multiple departments.

Several employees were surprised to discover how similar their functions were compared to other people in other departments, many of whom they had never even met before. This exercise supported two of our general findings about the current state:

> There is an inefficient organizational structure, which focuses on individual programs instead of departmental goals. This creates artificial walls between groups, and prevents a fertile context for organization-wide improvements and creative problem solving.

> There are multiple redundancies and duplication of effort, caused by unnecessarily decentralized management and operations. This increases costs and prevents the County from taking full advantage of its human and financial resources.

The decentralized system creates redundancies and duplication of effort that the Finance team cannot afford in the new centralized model. By examining the time studies it quickly became apparent that the "production" function of the Finance group was similar to the production function of a manufacturing environment, in which economies of scale could be achieved through long production cycles. Also, in that inefficiencies and costs would escalate with lengthy or frequent "set-up" and "change-over" times.

In the same way, the Finance team decided to approach the streamlining process by reducing or eliminating "set-up" and "change-over" times by having personnel engaged in one function (or very similar functions) for a relatively long time. (As opposed to having one-person set-up for one task, complete it, and then changeover to another dissimilar task, completes it, and then changeover to another dissimilar task.)

The realignment of the "production" function within the Finance group parallels the efforts being undertaken by the Process team, in that there is a greater division and specialization of labor that leads to higher quality, greater efficiency and productivity, and lower costs.

The Finance team took an inventory of business functions, in which they broke down to the employee level the number of staff-hours spent on finance functions across the system. It was found that in the current state, 81,175 staff-hours were being spent on finance functions on an annual basis. By carefully evaluating the accounting functions across the five old departments, by estimating efficiencies to be gained through economies of scale and incorporating expected workload and cost reductions stemming from the efforts of the process teams, the Finance Team was able to allocate the group's workload amongst the available resources.

The validity of this process was enhanced in that the economies of scale resulting from the centralization and consolidation were estimated first, and then the number of staff-hours required to accomplish all the functions were totaled and compared to the number of staff-hours available. The total number of staff-hours required was slightly less than the total number of staff-hours available. A workload reallocation achieved a projected reduction in 21,441 annual staff-hours.

This approach, one of determining what the Finance group "can do" is very different from the other approach of what the Finance group "must do" where economies of scale are arbitrarily estimated in order to achieve the bottom-line goal of reducing staff-hours.

As part of a "disaster avoidance effort," the Finance team established rigorous performance metrics to be achieved each month, and has asked the County's Controller's Office to audit and monitor the progress to ensure all work is being accomplished through this transition period.

HR Transition team

The HR Transition team examined the impact of their current state on customer service, employee satisfaction, and cost metrics. As a result, they found that DOHHS services may be suffering from non-optimized staff placement and training. The level of service received is not consistent for all employees. Response times are slow, and the hiring process is inefficient. Perhaps the most important is that communication of information is not consistent; employees do not always feel that they are on the "same page" as their peers.

Several structural models were considered for the transition of the HR team. One of the models considered was structured with local centralization and consolidation. This was comprised of a large, main County HR office, with a small representation at the DOHHS and Monroe Community Hospital (MCH)[2]. While there are benefits in centralization and consolidation, this schematic was too similar to the current state and perpetuated the redundancy of the system. A second model, a fully consolidated system, had all HR personnel in one central unit. However, such a large-scale change has the potential for being too overwhelming for the County.

The HR Transition team has selected a compromise between the two models, which is represented in a centralized and consolidated system with satellite services (in the form of an HR agent) at the DOHHS and MCH. Under this structure, services retain the benefit of being fully centralized, standardized, and consolidated. Providing HR agents at both the DOHHS and MCH allow for the benefit of localized knowledge, which would be lost in a fully centralized system. Additionally, such a system is well positioned to handle a spike in HR activity that is likely to result from the structural changes recommended in this plan.

The impact of the new structural model will prove positive across all three key measures (customer service, employee satisfaction and cost metrics). Improved staffing and training will result in a more capable workforce. Clearly this enhances the quality of service provided.

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[2] As a part of their charter, the HR Transition team dealt with any issues related to Monroe Community Hospital.

Additionally, a more satisfied workforce improves the quality of service. Cost wise, the elimination of the redundancy in the current system leads to reduced waste. A more capable workforce results in increased efficiency and effectiveness. The logical result is a reduction in cost.

The HR Transition Team established "disaster avoidance" measures to ensure the smooth implementation of new processes. These suggested measures are described as follows:

Staff Development "SWAT" team – One of the most critical measures for disaster avoidance is the thorough and proper training/development of those personnel who will be faced with expanded roles. Team leaders from HR, representatives from the Process Team, as well as program specialists have been identified as key players on the Staff Development Team. These leaders/specialists will be charged with the development and delivery of a comprehensive curriculum for the new leaders. The Staff Development team will also develop a means to evaluate the effectiveness of their program.

Classifications "SWAT" team – Similar to the Staff Development team, the Classifications team will be responsible for the reclassification of personnel, with a goal of minimizing the number necessary to reclassify. This team will be comprised of an HR Team leader, a Process Team leader, as well as an HR staff member.

Communication plan – With regard to HR issues, a communications plan seeks to identify the proper contacts, how to contact them, and in what instances their assistance should be sought. Such a structured set of guidelines takes the ambiguity surrounding HR issues out of the equation and reduces the amount of time wasted contacting the incorrect person, or getting incorrect information because the wrong person was contacted.

Identify and deploy change counselors – The transition from the current state to a new structure in the HR department may not necessarily be easy for County personnel. It is essential to appoint "change counselors" to offer advice and counsel to those in need with regards to the transformation. It will be critical to success to not only identify "change counselors" but also to allot an appropriate amount of time to be devoted to counseling.

Appoint and empower HR agents of DOHHS / MCH – The HR agents will serve as the front line for HR. They will be the primary contact for County personnel and will assist employees in navigating the County's HR resources.

IS Transition Team

The IS Transition team set forth to develop a plan for transition which resulted in a centralized, standardized, and consolidated set of IS functions for the centralized and consolidated departments. It was stipulated, however, that this is to happen with no degradation in locally controlled services, and with no loss of electronic data.

The IS Transition team validated the following steps as being critical to achieving a centralized and standardized set of functions.

Design and implement a performance management system that incorporates the measuring and tracking of key data. As one of five systems critical to the transition and integration of the IS area, an executive dashboard is a system that gives a birds-eye view of key performance measures in systems, processes, or budget tracking measures. The intention is to provide a support mechanism for aiding in change initiatives by monitoring and enforcing key performance indicators, as well as being able to proactively respond to unexpected changes. Being able to apply countermeasures in response to new risks represents a huge savings opportunity. The dashboard system is essential for good communications up and down, as well as across, the management chain. The system will store historical information about the performance against key measures and will provide a reporting and graphing interface to visualize this data and assess trends in the data over time.

County administration has asked Altreya Consulting to develop this performance management system for Monroe County. This system, with a projected release in early 2003, is being developed at no additional cost to Monroe County.

Create a best-of-class technology infrastructure that will serve the entire department. This initiative requires developing short, medium, and long-term investment plans aligned not only to the new department's objectives but those of the entire county. In addition to the executive dashboard, as described above, there are four critical systems included in this initiative. These systems-innovations result in reduced duplication of effort and reduced error rates, which in turn will result in bottom-line cost savings through greater efficiencies.

A **decision tree system** is a class of software application that is used to aid workers in making decisions. The application would automate the process of screening on the front-end of the intake process by providing users with a set of question to ask clients, and a selectable list of answers that would lead to additional questions. Providing an answer to a given question will lead the screener to an additional question or final recommendation for communication to the client. Initial research has been conducted for a decision tree application, and assessments and considerations are currently underway. Altreya Consulting will handle development of this application, at no additional cost to Monroe County.

Internal integration throughout the entire business process addresses customer satisfaction through reduced errors and decreased time delays. This component, or a set of related

components, is intended to support efficiencies within the DOHHS systems. It is anticipated that there will be several components comprising the DOHHS automation suite. Internal integration supports employee satisfaction through reduced duplication of effort and increased visibility of information. At present, Altreya Consulting is working to facilitate a systems definition for the "vision state" of this effort. Additionally, Altreya is working with the County to guide an existing resource specific to internal integration.

While **external system integration** (to agencies/systems such as IRS, TRW, WMS, DMV, etc.) will not have a direct effect on customer satisfaction, it supports employee satisfaction through reduced duplication of effort and increased visibility of information. This component, or a set of related components, is intended to enable the query and retrieval of client information from non-DOHHS systems, such as the Department of Motor Vehicles, Department of Labor, and Child Support System. At present, individuals throughout the process must query multiple systems one at a time, a time consuming and error prone process. The desired state is to have a single screen allowing the user to enter required client identifying information. Upon input, the application would auto-query the appropriate systems and return relevant information to the user. At present, Altreya Consulting is working to facilitate a systems definition for the "vision state" of this effort.

An **electronic case folder** addresses customer satisfaction through reduced errors and decreased time delays. It supports employee satisfaction through reduced duplication of effort and increased visibility of information. The electronic case folder is essentially a repository for all electronic information related to the client. The client information exists today in multiple systems, in multiple formats, and on paper. The purpose of this component is to create an electronic record of (nearly) all client interaction with the DOHHS. In addition to all of the information currently tracked on various forms, pointers would be maintained to things such as birth certificates in whatever format they existed. At present, Altreya Consulting is working to facilitate a systems definition for the "vision state" of this effort.

Contract/Contractor Management team

In its validation of the current state, the Contract Management team identified key metrics that are tracked within their system. These include: dollar volume of contracts, number of contracts, annual number of requests for proposal (RFPs), and the average contract processing cycle time.

Unfortunately, the tracking of these metrics is impeded by the decentralized contract databases and tracking systems that have developed through homegrown efforts. The inability to measure success or failure is costly to contract management. The County is unable to leverage a high volume relationship with a vendor if it does not have clear knowledge of all of the contracts that exist. With procurement services spread throughout programs County wide, it is difficult to get a grasp on business volume per vendor, organization wide. Additionally, administrative costs are not minimized due to a lack of overall negotiating strategy and procedure.

As a strategy for the consolidation of contract management, the Contract Management team identified several key strategies for their transition period. They will require the centralization of their contract database, improved strategies for negotiation, the aggregation of similar services into a master contract, the standardization of contract language, and the standardization of contract procedures.

Savings from Operations: Update

Evaluating our assessment findings and commensurate savings opportunities was the first task addressed by the employee directed teams in September. Upon rigorous data analysis, including an assessment of a sizable sampling of active financial assistance cases, the employee directed teams reached the conclusion that there exists an opportunity to save $23.5M or more in 2003. These savings are described briefly as follows:

The **three Process teams** have identified several ways in which savings will be realized. As a result of improved utilization of resources to address underlying needs, increased denials of ineligible applicants, improved service coordination and communication, and more expedient case closures for those no longer eligible for assistance, approximately $11.0 million dollars will be saved. This translates into roughly 2,500 fewer Temporary Assistance/Safety Net cases and 3,000 fewer Medicaid cases. Transferring those eligible into a 100% federally reimbursed program will save $2.0 million in Day Care funding. $1.0 million will be realized as a result of an intense internal improvement process to the Foster Care program. Delivery of more appropriate levels of care in the Early Intervention and Education of Children with Disabilities programs will generate an additional $2.0 million. (Total: $16 million)

The **Finance team** has estimated that $1.5 million in daycare overpayments are made annually. (See Figure 6: Manual Processing – Daycare Payment Example) As a result of reengineering the procedures followed by the accounts payables team, these overpayments will be eliminated. A performance measurement team has been established to assess and ensure future efficiency. For both accounts payable and accounts receivable, a monthly audit of timeliness and completeness through random sampling will be assessed.

The **Contracts Management Team** expects to generate $6.0 million savings by employing a comprehensive strategy that includes the renegotiation of current contracts and the standardization and aggregation of future contracts. The Contracts team plans to develop and incorporate measurement standards into all contracts, as a means of periodic assessment.

Projected annual savings - $23.5 million – as reported by the employee directed teams.

It should be noted that there exists a difference between our originally reported savings estimates ($11-$19 million) and the most recent estimates reported by the employee directed teams ($23.5 million or more).

The reasons for this are simple:
1. Our original savings projections were based on 2002 cost assumptions (found in the 2002 Adopted Budget). A subsequent OMB calculation of the value of our caseload reduction estimates using 2003 cost assumptions (which were higher than those of 2002) raised the savings estimates.
2. The employee directed teams found additional opportunities to save taxpayer funds in 2003.

It should be noted as well that the publicly reported savings estimate of $30 million includes a $6.7 million reduction generated by the early retirement incentive plan and involuntary separations. The County administered these two programs separately.

Summary

External economic drivers have pushed Monroe County into a financial position that is no longer viable. While the County has already initiated efforts on a number of fronts as part of a broad based response, it is our belief that a fundamental restructuring of the departments examined in this report into new Human and Health Services and Public Health Services organizations is a critical step towards the goal of a County financial position which is sustainable over the long-term. The people who will run these new organizations must be given tools and processes, which will enable them to focus on clearly defined organizational objectives. The management of these new organizations, and their functional design, must be aligned with processes designed to deliver breakthrough performance.

The primary goals of this effort are:

1. **Improved service for clients**

    The County has a clear responsibility to serve clients well. With this project Monroe County seeks to create a Human and Health Services department driven by client centered intake, care management, program management and transition processes. This fundamental shift in focus away from a program-management approach proposes to increase responsiveness to client needs and improve consistency and cohesiveness in delivery of client services. The clients stand to benefit directly and on multiple fronts.

2. **Increased job satisfaction for workforce**

    Monroe County organizations are filled with hard-working, able employees dedicated to doing the right thing. The program-management approach, coupled with the duplicative and excessive paperwork required by the current processes frustrate the employees in their quest to serve clients. An optimized and process-oriented organization will give employees the tools they need to serve clients well.

3. **Sustainable reduction in cost of programs to taxpayers**

    Monroe County faced severe fiscal challenges in the fall of 2001. The national economic situation and rising jobless rate, combined with an increased demand for services have forced the County to tap its reserve funds and institute a hiring freeze. While these steps were necessary, more action is required. With this project, Monroe County seeks to make the delivery of Human and Health Services and Public Health Services more cost effective over the long term.

These project objectives are mutually supportive. Increased job satisfaction results in improved consistency and cohesiveness in the delivery of services to the client, which improves client satisfaction. By the same token, the optimization of organizational structure and process

enhances employee job satisfaction by removing non-value added work, which results in a sustainable reduction in the cost of programs to taxpayers.

Monroe County is not alone in facing severe fiscal challenges. The private sector, not-for-profit organizations as well as virtually every other county in New York State face similar difficulties. By taking the bold actions required to meet this project's objectives, Monroe County will set itself apart as a leader.

Appendices

1. Background, Modeling and Case Studies

Historical Background

The last several decades have seen the emergence of a system of social service consisting of personal or general services, including family and child welfare, youth services, and aging services. This is by no means a new addition to the system of social welfare, rather more akin to an evolution, attributed by Sheila B. Kamerman and Alfred J. Kahn to a shortcoming in the existing structure. That is, it excludes "the nonmarket service provisions obviously essential to human welfare in an urban industrial world."[v]

Sheila B. Kamerman and Alfred J. Kahn have argued that in the United States, "…there is no national integrated social service system and no nationally instituted, locally based structure for providing general (personal) social services."[vi] Delivery of services under this "system" is fragmented and driven by categorical funding streams.

A range of integration initiatives has been attempted over time, at all levels of government, starting with a national effort in the early 1970's: the Community Coordinated Child Care (4C) program.[vii] This project was followed by the forty-five Services Integration Targets of Opportunity (SITO) research projects, which were state, local, and private. The Comprehensive Human Services Planning and Delivery System (CHSPDS), a local effort in the mid 1970's followed, as did federal block grants in the 1980's.[viii] However, none of these broad-reaching efforts have met with substantial success.

Service integration (SI) efforts have found traction in the most recent decade at the State and local levels, focused on particular target groups and within categorical programs. "Although federal agencies still fund large scale projects, they are no longer the driving force. States and localities have taken the lead." [ix] Specifically, there is evidence that many localities have been successful at using, "organizational consolidation as a springboard for implementing other service delivery reforms, such as case management and central point of intake."[x] Another successful strategy has been the clustering of services linking categorical systems, with clusters being formed based on programs offering access to money and resources on a means-tested basis, services for families and children under twelve, and so on. [xi]

Modeling

In general, SI efforts take different forms and require different effort based on what types of governing entities are considering integration. Legal and logistical considerations will vary when integrating at a state, local, municipal or community level. Likewise, considerations will differ depending on the types of programs being integrated. An article by E.L. Konrad, "A Multidimensional Framework for Conceptualizing Human Services Integration Initiatives," provides a model for describing a broad range of SI efforts.

Konrad defines SI as "… a process by which two or more entities establish linkages for the purpose of improving outcomes for needy people."[xii] Konrad has described a matrix for conceptualizing SI initiatives bounded by Level of Integration (the intensity and degree of formality involved) and Dimensions of Integration (key SI attributes which alter the nature of the SI effort based on Level of integration). Across the horizontal axis, the continuum of integration ranges from extremely informal to a structured, formal integration. Along the vertical axis, the dimensions of integration function together to point toward an appropriate level on the continuum.

Case Studies

In August 2002, the New York State Office of Children and Family Services Office of Intergovernmental Affairs announced the development of an Organizational Merger Review Team. Included in a brief overview of this Team's purpose and responsibilities is a brief overview of recent DSS mergers in New York State. Figure 13: NYS DSS Mergers provides an overview of these mergers.

Figure 13: NYS DSS Mergers[xiii]

Model	County
Youth bureaus have been merged with Local DSS (LDSS), with administrative oversight being the responsibility of the local social services commissioner.	Oneida, Tioga, Ulster
Local DSS commissioners have been appointed as youth bureau directors. This has occurred in cases where, under the existing regulations, the county's total youth population does not require a full-time youth bureau director.	Clinton, Delaware, Lewis
Counties have restructured their social service systems by creating a division of human services, which encompasses social services, workforce development, and the youth bureau. Sullivan County created a Division of Health and Family Services, which merged Social Services, Health Services, Youth Bureaus.	Seneca, Sullivan
Putnam County created a Department of Social Services and Mental Health with the Youth Bureau being placed under that structure.	Putnam
Merger between Local DSS, the local office of aging and the youth bureau.	Onondaga, Wayne
"Department for Unified Services." This model brings together youth, aging and veterans. Chemung County followed this model, but also included its Department of Parks and Recreation.	Chemung, Rensselaer
OCFS approved a merger that brought together probation and youth services. In this model, the youth bureau was folded into the organizational structure while also retaining its own Deputy Commissioner.	Erie

Many of the above-mentioned New York State counties have been contacted and interviewed to allow for a more detailed understanding of the projects. Two counties in particular, Sullivan and Albany, stand out as leaders in services integration initiatives.

Sullivan County, NY – To reduce costs and improve the delivery of human services, Sullivan County, NY implemented an aggressive formal integration initiative in 1997. The legislature drove this consolidation by adopting Local Law #5, which merged the Department of Social Services with the Department of Community Services, and created the Office of the Commissioner of Social and Mental Hygiene Services. The new commissioner was charged with the operation of seven previously distinct departments.

An interview was conducted with Kathy Hitt, Sullivan County Intervention and Outreach Coordinator. She described a number of improvements that have been a result of the integration efforts:

o Case management has been streamlined.
o Those in director positions are freer to attend to their assigned duties, rather than being needed to fill in the lower level vacancies.
o Structurally, the County has benefited from having just one level of supervision.
o There has been an improvement in internal communication and cooperation.
o The use of grants has been more "creative." Grants are shared across a variety of functions. This is enhanced by the collocation of workers from many services.

Sullivan County's integration efforts have been described by Hitt as an overall success. Since the program was implemented in 1997, Hitt's office has grown tremendously and may soon need additional staff. The new office has served over 1000 cases, with an initial focus on the most problematic cases. Similar to many of the other counties reviewed, there is strength in Sullivan County's specialized (specific to DSS and DCS) effort. The undertaking is not so large that overwhelms the system and the people, and it serves as a stepping-stone towards future projects of a larger scale.

Albany County, NY – In January 2001, Albany County, NY chartered the Department of Children, Youth, and Families (DCYF). As described by Gus Thompson, Commissioner of the Department of Children, Youth, and Families, the integrated department was created because it "simply made sense." Albany County recognized that they were handling many cases in which children and/or families were using more than one service at a time.

The consolidation of social services programs brought together a handful of related departments/programs that previously operated as separate entities. Included in the integration were: the Department of Children and Family Services, Bright Beginnings, the Youth Bureau, Children with Special Needs, and a child/forensic psychologist from the Department of Mental Health.

Over the past two years, Albany County has integrated several aspects of the DCYF. Intake is a centralized process. Additionally, they have created a contract management team to

oversee all contract/vendor relations. Thompson has described this aspect of the program as very successful.

Thompson has indicated that the County has interest in pursuing further integration efforts. Specifically mentioned were centralized assessments. The enhancement of relationships between the DCYF and its current partners is also a possibility. For example, the DCYF currently maintains a collaborative/partner relationship with the Department of Mental Health and the Probation Department. The integration of some, if not all, of these departments is a possibility in the coming years.

With almost two years of operating experience, the Albany County DCYF helps to validate the merit of a narrowly focused, local integration effort. With a specific concentration on the County's children, youth, and families, Albany County was able to develop and refine efficient processes, such as a centralized intake. It is with these best practices in mind that Albany County looks forward to further integrating, and hence, further enhancing, their public services.

2. Integration Timeline

Timing	Objective
Q4 2002	Begin implementing Financial Care Management care path
	Develop detailed plan for Older Adult Care Management care path
	Develop preliminary plan for Child and Family Services care path
	Develop preliminary plan for Special Education Services care path
Q1 2003	Develop detailed plan for Child and Family Services care path
	Develop detailed plan for Special Education Services
Q2 2003	Complete Financial Assistance path implementation
	Implement Older Adult Care Management care path
	Implement Special Education Services Care path
	Begin implementing Child and Family Services care path

Endnotes

[i] U.S. Department of Health and Human Services Administration for Children and Families. Region II. Final Report of the Child and Family Services Review of New York State. January 2002. 1.

[ii] Office of the New York State Comptroller. Press release: "McCall Audit of Multi-Million Dollar CONNECTIONS Computer System Finds Serious Security Flaws – State Was Not in Compliance With Federal Regulations-." March 7, 2002.

[iii] New York State Office of the State Comptroller. Office of Children and Family Services, and Office for Technology. Security of the CONNECTIONS System Supporting Child Welfare Services. March 6, 2002. 2.

[iv] Ibid.

[v] Alfred J. Kahn and Sheila B. Kamerman, Social Services in the United States. (Temple University Press: 1976) 503.

[vi] Ibid. 439.

[vii] E.L. Konrad. "A Multidimensional Framework for Conceptualizing Human Services Integration Initiatives." Rpt. in New Directions for Evaluation. 1996. 6.

[viii] Ibid., 7.

[ix] Ibid., 8.

[x] Meridian Consulting Services, Inc. Streamlining and Strengthening Services for Children, Youth, and Families: A Plan of Action for Tioga County. March 2002. 7.

[xi] Konrad, 13.

[xii] Ibid., 6.

[xiii] New York State Office of Children and Family Services, Office of Intergovernmental Affairs. Organizational Merger Review Team. August 2002. 11-12.